

Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Complete if Known</th> </tr> <tr> <td style="width: 60%;">Application Number</td> <td></td> </tr> <tr> <td>Filing Date</td> <td></td> </tr> <tr> <td>First Named Inventor</td> <td>Michael Gilfix</td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> <tr> <td>Art Unit</td> <td></td> </tr> <tr> <td>Attorney Docket No.</td> <td>AUS620030360US1</td> </tr> </table>	Complete if Known		Application Number		Filing Date		First Named Inventor	Michael Gilfix	Examiner Name		Art Unit		Attorney Docket No.	AUS620030360US1
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Examiner Initials	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
	AA US			
	AB US			
	AC US			
	AD US			
	AE US			
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Examiner Initial	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
	AG WO0056072A1	09-21-2000		
	AH			

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